

**Salaried Retiree: Gerald A Kolb**

**Health Care Benefit Losses**

For those retirees and/or surviving spouses less than 65 years of age, GM recently announced a substantial increase in retiree cost for continued participation in the GM plan, which also underwent significant plan modifications. Since those under 65 have not completely lost GM-paid health care coverage, it is necessary to first determine a value for the loss prior to age 65, then add that amount to the loss of all coverage beginning at 65 and through the remainder of your life expectancy.

Based on information recently provided by General Motors Company, the average cost of health care for Medical, Prescription, Dental, Vision, and Extended Care Coverage to the company under the salaried cap implemented in 2006/7 was \$5500. Based on the announced modifications, the Company has revised the cap and the new average cost to GM to provide GM-paid health care is \$4140 annually. GMRA recommends calculating the loss for health care using the difference between these figures, or \$1360 per year, per person under 65.

Beginning at 65, the loss per year, per person, would be \$5500 minus the \$3600 annual Level Benefit through life expectancy, or \$1900.

**Calculation for Gerald A Kolb age 62 Dec 19, 2009**

Annual pre-65 benefit loss beginning 2010	\$1360
Number of years remaining until age 65	<u>X 3</u>
Amount of loss prior to age 65	\$4080
Annual post-65 benefit loss beginning 2013	\$1900
Number of years between 65 and full life expectancy	<u>X 18.91</u>
Amount of loss after age 65	\$35,929
Total Lifetime Loss	\$40,009

**Calculation for spouse Cheryl A Kolb age 61 Nov 21, 2009**

Annual pre-65 benefit loss beginning 2010	\$1360
Number of years remaining until age 65	<u>X 4</u>
Amount of loss prior to age 65	\$5440
Annual post-65 benefit loss beginning 2013	\$5500
Number of years between 65 and full life expectancy	<u>X 22.70</u>
Amount of loss after age 65	\$124,850
Total Lifetime Loss	\$130,290
<u>Grand Total</u>	<u>\$170,299</u>

**gerald a kolb**

**From:** Brooks, Russell [russell.brooks@weil.com]  
**Sent:** Thursday, December 17, 2009 1:23 PM  
**To:** geraldakolb@comcast.net  
**Subject:** Motors Liquidation claims objection

Mr. Kolb,

Per our conversation, please mail your objection to the Debtors' Fifth Omnibus Claims Objection to the following two addresses. We will not file your objection with the court, so you should feel free to follow up with the Clerk of the Court to make sure they filed your objection.

**mailing address for Erin Eckols**

Erin Eckols  
Weil, Gotshal & Manges LLP  
200 Crescent Court  
Suite 300  
Dallas, Texas 75201  
P: 214-746-7734

**mailing address for Clerk of SDNY Bankruptcy Court**

Clerk of the Court  
United States Bankruptcy Court  
Southern District of New York  
Manhattan Office  
One Bowling Green  
New York, New York 10004

Best,  
Russ

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Russell Brooks\*  
Weil Gotshal & Manges LLP  
767 Fifth Avenue  
New York, NY 10153  
Direct 212.310.8293  
[russell.brooks@weil.com](mailto:russell.brooks@weil.com)  
\*Not yet admitted

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1/21/2010

**gerald a kolb**

**From:** Claims@MotorsLiquidationDocket.com  
**Sent:** Tuesday, December 15, 2009 11:48 AM  
**To:** gerald a kolb  
**Cc:** "MLMSLTeam@gardencitygroup.com"@gardencitygroup.com  
**Subject:** Re: Response to Notice Of Debtors Fifth Omnibus Objection to Claims

Dear Mr. Kolb,

Please forward all original supporting documentation to the below address:

If by overnight courier

The Garden City Group, Inc  
Attn: Motors Liquidation Company Claims Processing  
5151 Blazer Parkway, Suite A  
Dublin, Ohio 43017

If by first -class mail to

The Garden City Group, Inc  
Attn: Motors Liquidation Company  
P.O Box 9386  
Dublin, Ohio 43017-4286

Please note that e-mails and faxes will not be accepted only originals (hard copies). You also have the option of mailing your documents to the court ( chambers) at the below address:

United States Bankruptcy Court, SDNY  
One Bowling Green  
Room 534  
New York, New York 10004

Best Regards

**From:** "gerald a kolb" <geraldakolb@comcast.net>  
**To:** <gmcourtdocs@gardencitygroup.com>  
**Date:** 12/12/2009 09:52 PM  
**Subject:** Response to Notice Of Debtors Fifth Omnibus Objection to Claims

To whom do we send a response to if we have more documentation for "non-conforming claims with insufficient documentation"

Also it says a hard copy must be delivered to "chambers" What is chambers?

Please help

1/21/2010

## Dependents

Our records show the eligible dependents listed below. Please be advised that this statement is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the definition of "eligible dependent" under the Plan. For a definition of "eligible dependent" under the Plan(s) available to you, see your Summary Plan Description(s).

It is your responsibility to provide accurate and up-to-date dependent information. Providing false information about your dependents could result in loss of elected benefit(s) or in a disciplinary action. It is very important that your dependent's Social Security number(s), as well as other information, is accurate and up-to-date; otherwise, coverage may not be provided to your dependent(s).

Federal law requires you to provide address information for your dependents who do not maintain their primary residence with you. For example, if one of your covered dependents lives with a former spouse, you must provide the dependent's address. However, if a covered dependent is away from home attending school, he or she is considered to maintain his or her primary residence with you. Therefore, you are not required to provide address information.

**If you need to correct a dependent's first name, middle initial, last name, or address or if any of your eligible dependents do not maintain the same primary address as you, go to the Health and Insurance page and begin the enrollment process to correct the information.**

Name	Relationship	Date of Birth	SSN
Cheryl A. Kolb	Spouse	11/21/1948	-8461

## Important Information

### Terms and Conditions

By enrolling in one or more of the plans, you agree to the following terms and conditions:  
 You understand that General Motors will enroll you for the health care options you have selected for which you are eligible, and which you have not waived or canceled, with the appropriate carrier(s) as determined by General Motors.

You agree to make any required contributions so that health care coverage for you and your enrolled dependents remains in force. You authorize General Motors and its wholly-owned subsidiaries, until this authorization is revoked by you in writing, to deduct in advance each month from any earned or accrued wages or plan benefits due you, such amounts as may be necessary to pay the contributions as are now in effect or may be determined in the future for coverage which is now or may become available on behalf of yourself and any enrolled dependents. If in any month you are not eligible to receive any earned or accrued wages or plan benefits, you agree to pay in cash to General Motors any required contributions on or before the first of the month for which health care coverage for you or any listed dependent is to be provided. To the extent allowed by applicable law, you authorize General Motors and its wholly owned subsidiaries, or the trustee of certain General Motors Benefits funds, to deduct from any earned or accrued wages or benefits, any monies to repay health care or other benefits paid in error on behalf of you and your dependents.

### Dependent Information

Our records show the dependents listed on the Dependent information screen. Please be advised that the inclusion of your dependents in this section is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the eligibility requirements under the General Motors Salaried Health Care Program. For assistance in determining the eligibility of your dependents for coverage under the program available to you, see the Guide to Dependent Eligibility, available in the **Reference Library**.

It is your responsibility to provide accurate and up-to-date dependent information. It is very important that your dependent's information is accurate and up-to-date; otherwise, coverage may not be provided to your dependent(s).

**If any health care benefits are paid on behalf of ineligible dependents, you will be responsible for repaying the overpayment. If you should fail to repay the overpayment promptly, the amount will be deducted from your other benefits or compensation, or may be recovered by other legal means.**

You are required to provide address information for your dependents who do not maintain their primary

residence with you. For example, if one of your covered dependents lives with a former spouse, you must provide the dependent's address. However, if a covered dependent is away from home attending school, he or she is considered to maintain his or her primary residence with you. Therefore, you are not required to provide address information.

Select the **Covered Dependents** tab from the **Details** link for that plan to correct or change your dependent's name or Social Security number. To change other dependent information, contact a service representative at the telephone number listed on the bottom of the screen for assistance.

#### **Client Information**

The information presented in this application briefly describes certain General Motors Salaried Health Care Program features, as well as other programs and benefits. It does not cover all the details about the Programs - which are found in plan documents that have the final word over any other oral or written statement. General Motors reserves the right to amend, modify, suspend or terminate any of its benefit plans or programs at any time by the action of the Board of Directors, or individual or other committee expressly authorized by the Board to take such action. This application - and the benefits described within - do not imply any guarantees.

#### **Making Changes During the Year**

You will have the opportunity to review your health care plans in the fall for the next plan year. Generally, you cannot change your benefit elections during the plan year, except in the case of a life event change. All life event changes must be reported within 31 days.

Questions? Find out [who to contact](#).

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## CONFIRMATION STATEMENT

**GM Benefits & Services Center**  
gmbenefits.com  
1-800-489-4646

4.GM-H-502A ENV# GM11245651001001869

**TTY Service for the Hearing or Speech Impaired**  
1-877-347-5225

GERALD A. KOLB  
14137 RANDALL DR  
STERLING HTS, MI 48313

### Overseas Calls

Dial your country's toll-free AT&T Direct access number, then enter 877-833-9900. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at [www.att.com/traveler](http://www.att.com/traveler) or from your local operator.

Dear GERALD A. KOLB:

This statement confirms your 2009 benefit elections and contributions. Please review this statement carefully and retain it for your records. You can also access this information through the **Health & Insurance** tab on **gmbenefits.com**. Once you log on, simply click on 2009 Benefits.

If you have any questions, please call the GM Benefits & Services Center toll-free at 1-800-489-4646, Monday through Friday between 7:30 a.m. and 6:00 p.m. Eastern Time zone, to speak with a Customer Service Associate.

Plan	Option	Family Status/Coverage Volume	Your 2009 Monthly Contribution After-Tax
Medical	Health Savings Account PPO - BCBS (RS)	Self + Spouse/ Domestic Partner	\$0.00
Extended Care Coverage (ECC)	Extended Care Coverage	Self + Spouse/ Domestic Partner	\$14.00
Health Savings Account	No Health Savings Account with Bank of America		\$0.00
Dental	Traditional Delta Dental (RS)	Self + Spouse/ Domestic Partner	\$18.00
Vision	Cole Managed Vision (S)	Self + Spouse/ Domestic Partner	\$6.00
<b>TOTAL MONTHLY CONTRIBUTIONS</b>			<b>\$38.00</b>

**Note:** The (S or RS) after a benefit option is used for administrative purposes only.

In general, you will only receive new ID cards for plans if you are enrolling for the first time, making changes, or if changes are made to plan information. New ID cards should be received by early January 2009. If you need medical attention before your ID card arrives, you can use this confirmation statement as a temporary ID card.

If you have questions regarding ID cards, insurance claims, network providers, or plan coverage, contact your specific insurance company at the phone number listed on the back of this statement.

1 Review Your Dependent Information

2 Review, Research or Update Your Benefits

3 Confirmation of Your Benefit Elections

## Confirmation of Benefit Elections for Gerald Kolb

You have successfully submitted your elections. Your benefit elections were saved on November 14, 2009 at 7:55:47 AM ET. Your confirmation number is **093180755472229W**.

Please take a moment to complete or should take no more than 5 minutes.

Print this confirmation for your records. 

[Return to the Health & Insurance Home Page](#)  
**Health Benefits**

### Medical: GM Salaried Retiree Health Care Plan - BCBS (Self + Spouse/ Domestic Partner)

#### You should know:

This plan coordinates your care through a PPO network. The following coverages are administered by:  
 Prescription Drug – Medco; Behavioral Health – Value Options; DME/P&O – Northwood National Provider Network.

#### Covered Dependents

Cheryl A. Kolb

#### Calendar Monthly Cost

**\$206.00**  
 (After-Tax)

### Health Savings Account: HSA - Participant Direct Pay to Bank of America (volume: \$5,000.00)

#### You should know:

Health Savings Accounts offer a new tax-advantaged way to pay for or save for current and future qualified health care expenses. To take advantage of the Health Savings Account you must enroll in a GM consumer driven health plan.. Consult your tax advisor or [www.ustreas.gov](http://www.ustreas.gov) or [www.irs.gov](http://www.irs.gov) for additional information about Health Savings Accounts.

#### Calendar Monthly Cost

**\$0.00**

**Before-Tax: \$0.00**

**After-Tax: \$206.00**

**Calendar Monthly Total Cost: \$206.00**